



Vermont Agency of Agriculture, Food & Markets

116 State St
 Montpelier VT 05620-2901
 802-828-2431

<http://agriculture.vermont.gov>

APPLICATION FOR A PESTICIDE COMPANY LICENSE

Authorized under 6 V.S.A Chapter 87 and regulations pertaining thereto. Request is hereby made for a pesticide company license:

Company License Fee: \$75.00 (must accompany this application)

COMPANY INFORMATION *please print clearly*****

Company # (for office use only) _____

Business Name:		Secondary Business Name (optional)	
Company website:			
Company Officer:			
Mailing Address line 1:			
Address line 2:			
Town:		State:	Zip:
Phone:		Fax:	
Company Email:			

Physical Location of VERMONT Offices (if different from address above)	Certified Applicator(s) Employed

CERTIFICATION OF COMPLIANCE WITH 15 V.S.A SECTION 795 AND 32 VSA SECTION 3113

I hereby certify that I am in good standing with respect to any obligations for child support and, that under the pains and penalties of perjury, I am in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due to the State of Vermont as of the date of this application.

SIGNATURE: _____ Date: _____

FOR OFFICE USE ONLY	
Date _____	Amount _____
Cash <input type="checkbox"/> Check <input type="checkbox"/> Name _____	
Rpt _____	Initials _____